

STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION	PETITION FOR AUTHORITY TO PLACE INDIVIDUAL WITH DEVELOPMENTAL DISABILITY IN A FACILITY	FILE NO.
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In the matter of _____, an individual with a developmental disability

1. I, _____, am interested in this matter and make this petition as guardian of
Name
 the individual.

2. The individual is presently residing at _____
Address

City State Zip

3. It is necessary I be authorized by this court to admit the individual:

☐ a. temporarily for a period not to exceed 30 days to _____
Name of center
 located at _____ to receive clinical services.

☐ b. to _____, located at _____
Name of center
 for up to 10 days for a preadmission examination and subsequent administrative admission if suitable.

☐ c. to _____, located at _____
Name of facility

4. A report and evaluation required by law and rule is filed with this petition.

5. The following are all the interested persons in this proceeding, none of which are under legal disability except as noted:

NAME	AGE	RELATIONSHIP	ADDRESS

6. **I REQUEST** that I be authorized to execute the necessary applications for the administrative admission of the individual to

Name of facility

I declare under the penalties of perjury that this petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Attorney signature

Date

Name (type or print) Bar no.

Petitioner signature

Address

Address

City, state, zip Telephone no.

City, state, zip Telephone no.

Do not write below this line - For court use only